

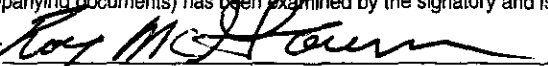
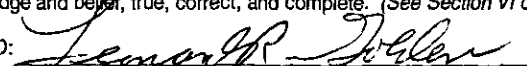


FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT

FOR USE BY LABOR ORGANIZATIONS WITH LESS THAN \$200,000 IN TOTAL ANNUAL RECEIPTS

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| | | | | |
|--|--|--|---|---|
| For Official Use Only  | | 1. FILE NUMBER 507-027 | 2. PERIOD COVERED MO DAY YEAR From 01 01 2003 Through 12 31 2003 | 3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: X (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here: |
| LEONARD GOLDEN ³ HOTEL EMPL, RESTAURANT EMPL AFL-CIO LU 29 190 PLAIN ST LOWELL, MA 01852-5128 12/2003  | | | | 8. MAILING ADDRESS (Type or print in capital letters.) First Name Last Name P.O. Box • Building and Room Number (if any) Number and Street City State ZIP Code + 4 |
| 4. AFFILIATION OR ORGANIZATION NAME | | 5. DESIGNATION (Local, Lodge, etc.) | | |
| 6. DESIGNATION NUMBER | | 7. UNIT NAME (if any) | | |
| 9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 56.) Yes No X | | | | |
| 56. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.) Item Number LOCAL #39 CEASED TO EXIST DUE TO DECLINING MEMBERSHIP, LACK OF MEMBERSHIP INTEREST, #36 CASH + ASSETS TRANSFERRED TO PARANT ORGANIZATION % ATTY DOMINIC BLOTTTO, 33 MT VERNON ST, #9 - SEE #36 BOSTON MASS 02108 #13 - SEE #36 | | | | |
| Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.) | | | | |
| 57. SIGNED:  01 12 9 104 (1978) 454-6867 Date Telephone Number | | PRESIDENT (If other title, see instructions.) 58. SIGNED:  01 12 9 104 (1978) 454-6867 Date Telephone Number | | |
| TREASURER (If other title, see instructions.) | | | | |

04-041-013/507027

During the Reporting Period Did Your Organization:

- | | Yes | No |
|--|-------------------------------------|-------------------------------------|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? | | <input checked="" type="checkbox"/> |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? | | <input checked="" type="checkbox"/> |
| 12. Have a political action committee (PAC) fund? | | <input checked="" type="checkbox"/> |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? | <input checked="" type="checkbox"/> | |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? | | <input checked="" type="checkbox"/> |
| 15. Discover any loss or shortage of funds or other property? (Answer "Yes" even if there has been repayment or recovery.) | | <input checked="" type="checkbox"/> |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? | | <input checked="" type="checkbox"/> |
| 17. Pay any employee salary, allowances, and other expenses which, together with any payments from affiliates, totaled more than \$10,000? | | <input checked="" type="checkbox"/> |
| 18. Have loans totaling more than \$250 to any officer, employee, or member, or make any loans to a business enterprise? | | <input checked="" type="checkbox"/> |

(If the answer to any of the above questions is "Yes," provide details in Item 56 on page 1 as explained in the instructions for each item.)

19. How many members did your organization have at the end of the reporting period? 000

20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 500,000

21. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions?
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)

| | Yes | No |
|--|-----|-------------------------------------|
| | | <input checked="" type="checkbox"/> |

22. What is the date of your organization's next regular election of officers? WAS TO BE 1/64 N/A

| | MO | YEAR |
|--|----|------|
| | | |

23. What are your organization's rates of dues and fees?
(Enter a minimum and maximum if more than one rate applies for any line.)

| Rates of Dues and Fees | |
|------------------------|--|
| (a) Regular Dues/Fees | \$ 20 ⁰⁰ per MONTH (Month, Year, etc.) |
| (b) Initiation Fees | \$ 35 ⁰⁰ |
| (c) Transfer Fees | \$ 0 |
| (d) Work Permits | \$ 0 per 0 (Month, Year, etc.) |

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: 507-027

| (A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small> | | | Gross Salary (before taxes and other deductions) (D) | Allowances and Other Disbursements (E) | Total (F) |
|---|----------------|---|---|---|--------------|
| (B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small> | Status (C)* | | | | |
| 1. Last Name: M ^C GAUNN First Name: ROY Title: PRESIDENT Status: C | | 0 | 0 | 0 | |
| 2. Last Name: ROBERTS First Name: KIMBERL Title: VICE-PRESIDENT Status: C | | 0 | 0 | 0 | |
| 3. Last Name: GOLDEN First Name: LEONARD Title: BUS-AGENT/TREASURER Status: C | | 0 | 0 | 0 | |
| 4. Last Name: CIFLLI First Name: COLLENE Title: RECORDING-SEC ^Y Status: C | | 0 | 90 | 90 | |
| 5. Last Name: NIELSEN First Name: LAWRENCE Title: TRUSTEE Status: C | | 0 | 0 | 0 | |
| 6. Last Name: BURNS First Name: THOMAS Title: EX-BOARD Status: C | | 0 | 0 | 0 | |
| 7. Last Name: _____ First Name: _____ Title: _____ Status: _____ | | 0 | 0 | 0 | |
| 8. Totals from additional pages (if any) | | | | | |
| 9. Totals of Lines 1 through 8 | | | | | \$90.00 |
| 10. Less Deductions | | | | 0 | |
| Enter the Total from Line 11 in Item 45 → | | | 11. Net Disbursements \$90.00 | | |

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 56 on page 1.)

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: 507-027

| STATEMENT A ASSETS AND LIABILITIES | ASSETS | Start of Reporting Period (A) | End of Reporting Period (B) | LIABILITIES | Start of Reporting Period (C) | End of Reporting Period (D) |
|---------------------------------------|------------------------------------|----------------------------------|--------------------------------|--|----------------------------------|--------------------------------|
| | Item | | | Item | | |
| | 25. Cash | 25 | 142 | 32. Accounts Payable | 87992 | 88773 |
| | 26. Loans Receivable | 0 | 0 | 33. Loans Payable | 0 | 0 |
| | 27. U.S. Treasury Securities | 0 | 0 | 34. Mortgages Payable | 0 | 0 |
| | 28. Investments | 0 | 0 | 35. Other Liabilities | 106500 | 117300 |
| | 29. Fixed Assets | 75 | 0 | 36. TOTAL LIABILITIES | 194492 | 206073 |
| | 30. Other Assets | 0 | 0 | | | |
| | 31. TOTAL ASSETS | 100 | 142 | 37. NET ASSETS (Item 31 less Item 36) | 194392 | 205931 |

| STATEMENT B RECEIPTS AND DISBURSEMENTS | CASH RECEIPTS | AMOUNT | CASH DISBURSEMENTS | AMOUNT |
|---|---|--------|--|--------|
| | Item | | Item | |
| | 38. Dues | 2660 | 45. To Officers (from Item 24) | 90 |
| | 39. Per Capita Tax | 0 | 46. To Employees (less deductions) | 0 |
| | 40. Fees, Fines, Assessments & Work Permits | 0 | 47. Per Capita Tax | 375 |
| | 41. Interest & Dividends | 1 | 48. Office & Administrative Expense | 910 |
| | 42. Sale of Investments & Fixed Assets | 0 | 49. Professional Fees | 0 |
| | 43. Other Receipts | 0 | 50. Benefits | 1169 |
| | 44. TOTAL RECEIPTS | 2661 | 51. Contributions, Gifts & Grants | 0 |
| | <p>If total receipts reported in Item 44 are \$200,000 or more, your organization must file Form LM-2 instead of this form.</p> | | 52. Purchase of Investments & Fixed Assets | 0 |
| | | | 53. Loans Made | 0 |
| | | | 54. Other Disbursements | 0 |
| | | | 55. TOTAL DISBURSEMENTS | 2544 |